

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hmg</i>		<i>6/13/00</i>
O.I.P.E. CLASSIFIER		<i>2</i>	<i>4/20/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>EW</i>	<i>64430</i>	<i>8-14</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	4/15/02
2	✓	✓	1/10/03
3	✓	✓	1/22/04
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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41	✓	✓	
42	✓	✓	
43	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	4/14/02
52	✓	✓	1/10/03
53	✓	✓	1/22/04
54	✓	✓	
55	✓	✓	
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98	✓	✓	
99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
104	✓	✓	
105	✓	✓	
106	✓	✓	
107	✓	✓	
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141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet her

(LEFT INSIDE)